



Gestalt Equine Institute of the Rockies

800 Washington Ave., Unit D
Golden, CO 80401

Phone: (303) 426-8211

www.gestalt-equineinstitute.com

Student Application

(Please print legibly)

Name of Applicant: _____ Date of Birth: _____

Date of Application: _____ Gender: M F

Street Address: _____

City, State, Zip: _____

Phone Number (s): _____

Fax: _____

E-Mail: _____

1. Autobiography: Please attach an autobiography (2 to 4 pages) including information about yourself and your interest in Gestalt Therapy training.

2. Degrees Held:

Year	Institution	Degree	Major	Field Of Study
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Previous Post-Graduate or special training experience(s):

(Gestalt, Hakomi, Somatic Experiencing etc.)

Year	Length of Time	Name of Program	Leader(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Confidential Information

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4. Why did you select Gestalt Equine Institute of the Rockies?

5. What is your past horse related experience? (please include any riding experience):

6. Have you ever experienced any emotional or physical trauma in your life OR with horses?

7. What do you hope to gain from this training?

8. Do you have any special physical or personal needs while you are at the training?



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9. Is there anything that you feel nervous or concerned about participating in this training program?

10. Is there anything else you want us to know?

11. List three references who know you and your work:

#1 Name:

Profession:

Street:

City/State/Zip:

Phone:

#2 Name:

Profession:

Street:

City/State/Zip:

Phone:

#3 Name:

Profession:

Street:

City/State/Zip:

Phone:

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12. Professional Work Experience (your present position):

Organization: _____

Date employed: _____

Street: _____

City/State/Zip: _____

Phone: _____

Responsibilities: _____

Immediate Supervisor: _____

Supervision: _____

The above information is true and complete to the best of my knowledge. The Institute has my permission to obtain all necessary information from the references I have listed concerning my past experience and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice from me. I understand that this application does not constitute a contract of any kind. Should the Institute enroll me, I may terminate such enrollment at any time, but understand that the Institute will retain all monies paid at the time of my approved enrollment.

Applicant Signature: _____ Date: _____

GEIR Representative: _____ Date: _____